

EXHIBIT A

NATIONWIDE AUTO POLICY DECLARATIONS

Page 1 of 2

These Declarations are a part of the policy named above and identified by policy number below. They supersede any Declarations issued earlier. Your policy provides the coverages and limits shown in the schedule of coverages. They apply to each insured vehicle as indicated. Your policy complies with the motorists' financial responsibility laws of your state only for vehicles for which Property Damage and Bodily Injury Liability coverages are provided.

Policy Number: DB Account Number:
52 07 A 733616 592993

Policyholder:
(Named Insured)

THOMAS A & OR
ROBERTA L GAMES
14909 CONCORD ROAD
SEAFORD, DE
19973-8283

Issued:
SEP 11, 2002

Policy Period From:

SEP 22, 2002 to MAR 22, 2003 but only if the required premium for this period has been paid and only for six month renewal periods if renewal premiums have been paid as required. This policy is initially effective at (1) the time the application for insurance is completed, or (2) 12:01 a.m. on the first day of the policy period, whichever is later. Each renewal period begins and ends at 12:01 a.m. standard time at the address of the named insured stated herein. This policy cancels at 12:01 a.m. at the address of the named insured stated herein.

IMPORTANT MESSAGES:

NOTICE: THE COVERAGES YOU HAVE SELECTED AS SHOWN IN THIS DECLARATIONS ARE SUBJECT TO THE EXCLUSIONS, LIMITATIONS, AND CONDITIONS OF COVERAGE DETAILED IN YOUR POLICY. IN SOME CASES YOUR COVERAGE MAY BE LIMITED TO THE MINIMUM LIMITS OF COVERAGE REQUIRED BY THE DELAWARE FINANCIAL RESPONSIBILITY LAW OR THE DELAWARE MOTORISTS PROTECTION ACT. ON THE DATE THIS DECLARATIONS WAS ISSUED, THOSE LIMITS ARE:

AUTO LIABILITY: \$15,000 PER PERSON, \$30,000 PER OCCURRENCE FOR BODILY INJURY
\$10,000 FOR PROPERTY DAMAGE

NO-FAULT: \$15,000 PER PERSON, \$30,000 PER OCCURRENCE FOR BODILY INJURY
\$10,000 FOR DAMAGE TO PROPERTY OTHER THAN A MOTOR VEHICLE

IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY.

SEE ENCLOSED NOTICE FOR PREMIUM DETAIL.

INSURED VEHICLE(S) & SCHEDULE OF COVERAGES

2 1992 FORD TAURUS L

ID #1FALPSOUTNA277289

Six Month Premium

Coverages
COMPREHENSIVE
COLLISION
PROPERTY DAMAGE LIABILITY
BODILY INJURY LIABILITY
LOSS OF USE BROAD FORM
PERSONAL INJURY PROTECTION
AND DAMAGE TO PROPERTY
OTHER THAN MOTOR VEHICLE

Covers	Limits Of Liability	Premium
ACTUAL CASH VALUE LESS \$ 100		\$ 25.70
ACTUAL CASH VALUE LESS \$ 250		\$ 55.30
\$ 60,000 EACH OCCURRENCE		\$ 49.60
\$ 100,000 EACH PERSON		\$ 117.50
\$ 300,000 EACH OCCURRENCE		\$ 12.00
\$ 25 PER DAY \$ 800 PER ACCIDENT		\$ 35.50
SEE POLICY		

TOTAL \$ 305.50

"Based upon information and belief,
this is a true and correct copy of the
Policy for Policy # 5207A733616
as of 2-7-2003."

Anthony J. Robertson

V-0100-A

FRAME: I 16

V0100-A

FRAME: I 16

Page 2 of 2

1. 1996 FORD RANGER
 Coverages
 COMPREHENSIVE
 COLLISION
 PROPERTY DAMAGE LIABILITY
 BODILY INJURY LIABILITY
 LOSS OF USE BROAD FORM
 PERSONAL INJURY PROTECTION
 AND DAMAGE TO PROPERTY
 OTHER THAN MOTOR VEHICLE

ID #1FTCR1QAS9TP008632
 Limits Of Liability
 ACTUAL CASH VALUE LESS \$ 100 \$ 30.10
 ACTUAL CASH VALUE LESS \$ 250 \$ 75.40
 \$ 50,000 EACH OCCURRENCE \$ 46.60
 \$ 100,000 EACH PERSON
 \$ 300,000 EACH OCCURRENCE ENDORSEMENT 3022 \$ 110.20
 \$ 25 PER DAY \$ 12.00
 \$ 500 PER ACCIDENT SEE POLICY \$ 33.30
 TOTAL \$ 307.50

LIENHOLDER-WILMINGTON TRUST CO.

LIEN EXPIRES ON AUG 31, 2003

POLICY COVERAGES
 Coverages
 UNINSURED MOTORISTS
 -BODILY INJURY
 -PROPERTY DAMAGE

Limits Of Liability
 \$ 100,000 EACH PERSON \$ 62.00
 \$ 300,000 EACH OCCURRENCE
 \$ 10,000 EACH OCCURRENCE LESS
 \$250 DED TOTAL \$ 62.00

VEHICLE CLASSIFICATIONS

Premium Is Based On:

1992 FORD	1996 FORD
USE OF VEHICLE PLEASURE	PLEASURE
RATED DRIVER FEMALE	MALE
ADULT AGE 46	ADULT AGE 47
PRINCIPAL	PRINCIPAL
MARRIED	MARRIED
APPLIED DISCOUNTS PASSIVE RESTRAINT	PASSIVE RESTRAINT
-AIR BAG FULL	-AIR BAG FULL
MULTI CAR	ANNUAL MILEAGE
LONG TERM	MULTI CAR
	LONG TERM
SPECIAL RATING SAFE DRIVER	SAFE DRIVER
RATING SYMBOLS 013-013 00	013-012 00

Policy Form & Endorsements: V0070

Office Use: A 733617 A 733654
AUG 22, 2002 TERR: 012 \$ 308.40-Issued By: NATIONWIDE MUTUAL INSURANCE COMPANY Home Office - Columbus, Ohio
Countersigned At: WILMINGTON, DEL. By: WM KEITH CULVER

IMPORTANT PHONE NUMBERS

Nationwide 24-Hour Claims Number: 1-800-421-3535

For QUESTIONS About Your Policy, Call Your NATIONWIDE AGENT: W. CULVER

302-629-2510

For Hearing Impaired: TTY 1-800-822-2421

Nationwide Regional Office: 352-377-8500

FRAME: J 16